Control Guide

The Food and Drug Administration has approved a number of birth control methods. The choice of birth control depends on factors such as a person's health, frequency of sexual activity, number of sexual partners, and desire to have children in the future. Failure rates, based on statistical estimates, are another key factor. The most effective way to avoid both pregnancy and sexually transmitted disease is to practice total abstinence (refrain from sexual contact).

Failure rates in this chart are based on information from clinical trials submitted to the FDA during product reviews. This number represents the percentage of women who become pregnant during the first year of use of a birth control method. For methods that the FDA does not review, such as periodic abstinence, numbers are estimated from published literature. For comparison, about 85 out of 100 sexually active women who wish to become pregnant would be expected to become pregnant in a year.

Serious medical risks from contraceptives, such as stroke related to oral contraceptives, are relatively rare. This chart is a summary of important information, including risks, about drugs and devices approved by the FDA for contraception and sterilization. It is not intended to be used alone, and a health professional should be consulted regarding any contraceptive choice. Review product labeling carefully for more information on use of these products.

Type of Contraceptive	**FDA Approval Date**	**Description**	**Failure Rate** (number of pregnancies expected per 100 women per year)	**Some Risks**	**Protection from Sexually Transmitted Diseases (STDs)**	**Convenience**	**Availability**
Male Condom Latex/ Polyurethane	Latex: Use started before premarket approval was required Polyurethane: cleared in 1989; available starting 1995	A sheath placed over the erect penis blocking the passage of sperm.	11 (a, b)	Irritation and allergic reactions (less likely with polyurethane)	Except for abstinence, latex condoms are the best protection against STDs, including gonorrhea and AIDS.	Applied immediately before intercourse; used only once and discarded. Polyurethane condoms are available for those with latex sensitivity.	Nonprescription
Female Condom	1993	A lubricated polyurethane sheath shaped similarly to the male condom. The closed end has a flexible ring that is inserted into the vagina.	21	Irritation and allergic reactions	May give some STD protection; not as effective as latex condom.	Applied immediately before intercourse; used only once and discarded.	Nonprescription
Diaphragm with Spermicide	Use started before premarket approval was required.	A dome-shaped rubber disk with a flexible rim that covers the cervix so that sperm cannot reach the uterus. A spermicide is applied to the diaphragm before insertion.	17 (b, d, e)	Irritation and allergic reactions, urinary tract infection. (c) Risk of Toxic Shock Syndrome, a rare but serious infection, when kept in place longer than recommended.	None	Inserted before intercourse and left in place at least six hours after; can be left in place for 24 hours, with additional spermicide for repeated intercourse.	Prescription

Type of Contraceptive	FDA Approval Date	Description	Failure Rate (number of pregnancies expected per 100 women per year)	Some Risks	Protection from Sexually Transmitted Diseases (STDs)	Convenience	Availability
Lea's Shield	2002	A dome-shaped rubber disk with a valve and a loop that is held in place by the vaginal wall. Covers the upper vagina and cervix so that sperm cannot reach the uterus. Sperimicide is applied before insertion.	15	Skin irritation, spotting, discomfort (female and male partners), urinary tract infection. Theoretical risk of toxic shock syndrome.	None	Inserted before intercourse and left in place at least 8 hours after; can be left in place for up to 48 hours, with additional spermicide for repeated intercourse.	Prescription
Cervical Cap with Spermicide		A soft rubber cup with a round rim, which fits snugly around the cervix.		Irritation and allergic reactions, abnormal Pap test. (c) Risk of toxic shock syndrome, a rare but serious infection, when kept in place longer than recommended.	None	May be difficult to insert; can remain in place for 48 hours without reapplying spermicide for repeated intercourse.	Prescription
Prentiff Cap	1988		17 (b, d, e)				
Fem Cap	2003		23 (b, d, e)				
Sponge with Spermicide	1983 (Not currently marketed)	A disk-shaped polyurethane device containing the spermicide nonoxynol-9.	14-28 (d, e)	Irritation and allergic reactions, difficulty in removal. (c) Risk of toxic shock syndrome, a rare but serious infection, when kept in place longer than recommended.	None	Inserted before intercourse and protects for repeated acts of intercourse for 24 hours without additional spermicide; must be left in place for at least six hours after intercourse; must be removed within 30 hours of insertion. Is discarded after use.	Nonprescription; not currently marketed

Type of Contraceptive	**FDA Approval Date**	**Description**	**Failure Rate** (number of pregnancies expected per 100 women per year)	**Some Risks**	**Protection from Sexually Transmitted Diseases (STDs)**	**Convenience**	**Availability**
Spermicide Alone	Use started before premarket approval was required. Since November 2002, only one active ingredient has been be allowed.	A foam, cream, jelly, film, suppository, or tablet that contains nonoxynol-9, a sperm-killing chemical.	20-50 (studies have shown varying effectiveness rates)	Irritation and allergic reactions, urinary tract infections (c)	None	Instructions vary; check labeling. Inserted between 5 and 90 minutes before intercourse and usually left in place at least six to eight hours after.	Nonprescription
Oral Contraceptives—combined pill	First in 1960; most recent in 2003	A pill that suppresses ovulation by the combined actions of the hormones estrogen and progestin. A chewable form was approved in November 2003.	1-2	Dizziness; nausea; changes in menstruation, mood, and weight; rarely cardiovascular disease, including high blood pressure, blood clots, heart attack, and strokes	None	Must be taken on daily schedule, regardless of frequency of intercourse. Women using the chewable tablet must drink 8 oz. of liquid immediately after taking.	Prescription
Oral Contraceptives—progestin-only minipill	1973	A pill containing only the hormone progestin that reduces and thickens cervical mucus to prevent the sperm from reaching the egg.	2	Irregular bleeding, weight gain, breast tenderness, less protection against ectopic pregnancy	None	Must be taken on daily schedule, regardless of frequency of intercourse.	Prescription

Type of Contraceptive	**FDA Approval Date**	**Description**	**Failure Rate** (number of pregnancies expected per 100 women per year)	**Some Risks**	**Protection from Sexually Transmitted Diseases (STDs)**	**Convenience**	**Availability**
Oral Contraceptives—91-day regimen (Seasonale)	2003	A pill containing estrogen and progestin, taken in 3-month cycles of 12 weeks of active pills followed by one week of inactive pills. Menstrual periods occur during the 13th week of the cycle.	1-2	Similar to oral contraceptives—combined pill	None	Must be taken on daily schedule, regardless of frequency of intercourse. Since users will have fewer periods, they should consider the possibility that they might be pregnant if they miss scheduled periods. May have more unplanned bleeding and spotting between periods than with 28-day oral contraceptives.	Prescription
Patch (Ortho Evra)	2001	Skin patch worn on the lower abdomen, buttocks, or upper body that releases the hormones progestin and estrogen into the blood-stream.	1-2 Appears to be less effective in women weighing more than 198 pounds.	Similar to oral contraceptives—combined pill	None	New patch is applied once a week for 3 weeks. Patch is not worn during the fourth week, and woman has a menstrual period.	Prescription
Vaginal Contraceptive Ring (NuvaRing)	2001	A flexible ring about 2 inches in diameter that is inserted into the vagina and releases the hormones progestin and estrogen.	1-2	Vaginal discharge, vaginitis, irritation. Similar to oral contraceptives—combined pill	None	Inserted by the woman; remains in the vagina for 3 weeks, then is removed for 1 week. If ring is expelled and remains out for more than 3 hours, another birth control method must be used until ring has been used continuously for 7 days.	Prescription

Type of Contraceptive	**FDA Approval Date**	**Description**	**Failure Rate** (number of pregnancies expected per 100 women per year)	**Some Risks**	**Protection from Sexually Transmitted Diseases (STDs)**	**Convenience**	**Availability**
Post-Coital Contraceptives (Preven and Plan B)	1998-1999	Pills containing either progestin alone or progestin plus estrogen	Almost 80 percent reduction in risk of pregnancy for a single act of unprotected sex	Nausea, vomiting, abdominal pain, fatigue, headache	None	Must be taken within 72 hours of having unprotected intercourse.	Prescription
Injection (Depo-Provera)	1992	An injectable progestin that inhibits ovulation, prevents sperm from reaching the egg, and prevents the fertilized egg from implanting in the uterus.	less than 1	Irregular bleeding, weight gain, breast tenderness, headaches	None	One injection every three months.	Prescription
Injection (Lunelle)	2000	An injectable form of progestin and estrogen	less than 1	Changes in menstrual cycle, weight gain. Similar to oral contraceptives—combined pill	None	Injection given once a month.	Prescription
Implant (Norplant)	1990	Six matchstick-sized rubber rods that are surgically implanted under the skin of the upper arm, where they steadily release the contraceptive steroid levonorgestrel.	less than 1	Irregular bleeding, weight gain, breast tenderness, headaches, difficulty in removal	None	Implanted and removed by health care provider in minor outpatient surgical procedure; effective for up to five years.	Prescription In July 2002, Norplant's manufacturer announced that it will no longer distribute the Norplant system. Women using the system should contact their doctors about what their contraceptive options will be after the five-year expiration date of their Norplant systems.

Type of Contraceptive	**FDA Approval Date**	**Description**	**Failure Rate** (number of pregnancies expected per 100 women per year)	**Some Risks**	**Protection from Sexually Transmitted Diseases (STDs)**	**Convenience**	**Availability**
IUD (Intrauterine Device)	1976 (f)	A T-shaped device inserted into the uterus by a health professional.	less than 1	Cramps, bleeding, pelvic inflammatory disease, infertility, perforation of uterus	None	After insertion by physician, can remain in place for up to one or 10 years, depending on type.	Prescription
Periodic Abstinence	N/A	To deliberately refrain from having sexual intercourse during times when pregnancy is more likely.	20	None	None	Requires frequent monitoring of body functions (for example, body temperature for one method).	Instructions from health care provider
Trans-abdominal Surgical Sterilization—female Falope Ring, Hulka Clip, Filshie Clip	Before 1976 (g)	The woman's fallopian tubes are blocked so the egg and sperm can't meet in the fallopian tube, preventing conception. (h)	less than 1	Pain, bleeding, infection, other post-surgical complications, ectopic (tubal) pregnancy.	None	One-time surgical procedure that requires an abdominal incision.	Surgery

Type of Contraceptive	FDA Approval Date	Description	Failure Rate (number of pregnancies expected per 100 women per year)	Some Risks	Protection from Sexually Transmitted Diseases (STDs)	Convenience	Availability
Sterilization implant—female (Essure System)	2002	Small metallic implant that is placed into the fallopian tubes. The device works by causing scar tissue to form, blocking the fallopian tubes and preventing conception. (h)	less than 1	Mild to moderate pain after insertion, ectopic (tubal) pregnancy.	None	Minor surgical procedure, permanent sterilization. Device is inserted through the vagina using a catheter. Women must rely on another birth control method during the first three months, until placement is confirmed with an X-ray procedure.	Prescription
Surgical Sterilization—male	N/A	Sealing, tying, or cutting a man's vas deferens so that the sperm can't travel from the testicles to the penis. (h)	less than 1	Pain, bleeding, infection, other post-surgical complications	None	One-time surgical procedure.	Surgery

(a) Projected from six-month study and adjusted for use of emergency contraception.
(b) If spermicides are used with barrier methods, be sure that the spermicide is compatible with the condom or diaphragm (won't cause it to weaken or break). Oil-based lubricants (such as petroleum jelly or baby oil) will cause latex to weaken and should not be used with these methods.
(c) Spermicides used alone, with barrier devices, or with condoms can cause irritation to the skin lining the vagina, especially when the spermicide is used frequently. There is a possibility that spermicide might increase the risk of acquring some sexually transmitted diseases because of disruption of the vaginal skin. Spermicide has not been proven to be effective against bacteria and viruses in people. Therefore, there is no reason to use spermicide during pregnancy.
(d) Medications for vaginal yeast infections may decrease effectiveness of spermicides.
(e) Less effective for women who have had a baby because the birth process stretches the vagina and cervix, making it more difficult to achieve a proper fit.
(f) First approval date of currently marketed IUDs. Some IUDs were sold before premarket approval was required (1976). Those products are no longer on the market.
(g) Sold before premarket approval was required (1976).
(h) A contraceptive option for people who don't want children. Considered permanent because reversal is typically unsuccessful.

Source: Food and Drug Administration 12/03

NARAL
Pro-Choice Wisconsin

Kelda Helen Roys, JD
Executive Director

TESTIMONY OF KELDA HELEN ROYS
ON BEHALF OF NARAL PRO-CHOICE WISCONSIN
SUPPORTING THE BIRTH CONTROL PROTECTION ACT

To: Members of the Wisconsin State Senate Committee on Health, Human Services, Insurance, and Job Creation
From: Kelda Helen Roys, Executive Director of NARAL Pro-Choice Wisconsin
Re: Support for SB 232, Birth Control Protection Act
Date: March 5, 2008

Good morning. On behalf of our over 35,000 statewide members, I thank you for holding a hearing on this pressing health care issue. NARAL Pro-Choice Wisconsin believes in a culture of freedom and personal responsibility – that means ensuring that women have the full range of reproductive options available to them, including preventing unintended pregnancy through contraception.

While various forms of contraception have been used throughout human history, in the past half century the methods have become more safe, reliable, and available than ever before. Over 98% of American women will use birth control at some point during their lives.[1] Without it, the average woman would have 12 to 15 pregnancies. Still, we have much work to do, particularly around access and education. Half of pregnancies in the United States are unintended. Roughly fifty percent of these pregnancies involve couples using contraception incorrectly, and the other half not using contraception at all. We know that an unintended pregnancy is 50% likely to end in abortion.

The Birth Control Protection Act is a commonsense bill that will help reduce unintended pregnancy and the need for abortion by ensuring that women are never wrongfully denied access to basic health care based on a pharmacist's personal beliefs. It defines all forms of contraception according to the federal Food & Drug Administration's medically accurate definitions, and clearly states that contraception is not an abortion and should not be treated as such in the law. The law also protects patients' right to receive non-discriminatory health care – so that no woman will again be yelled at by a pharmacist for trying to access her doctor-prescribed medication, so that no woman again will have to drive from pharmacy to pharmacy searching for one who will dispense her prescription, so that no woman again will ever be placed at risk for an unintended pregnancy because of a pharmacist's interference in the doctor-patient relationship.

It is a sad statement that this bill is necessary. Birth control is basic health care, it is preventive, it is cost effective, it is widely accepted and used, and it empowers women and couples to plan their families. Yet attacks on women's access to contraception are on the rise and for many women, access to reliable methods of family planning is increasingly

[1] William Mosher et al. *Use of Contraception and Use of Family Planning Services in the United States: 1982–2002.* 350 CDC .Advance Data From Vital and Health Statistics (December 10, 2004)

difficult. Anti-birth control extremists are waging a media and public policy campaign designed to falsely depict contraception (including emergency contraception) as "early abortion," insisting that health care providers should be granted special legal rights to refuse to provide these medications, and using political pressure to block any efforts to increase women's access to contraception. As reported in an August 2005 front-page article in The Capital Times, Wisconsin's anti-choice movement seeks to outlaw contraception.[2]

Their goal is not to reduce the need for abortion, or to help women have healthy pregnancies and healthy families, but to criminalize abortion and birth control. Pro-Life Wisconsin's director of legislative affairs, Matt Sande, said, "By outlawing contraception, you're closer to outlawing surgical abortion." He goes on to discuss *Roe v. Wade*, saying that while they still seek to overturn it they believe it is also necessary to attack the legal right to birth control. The article continues, "Those who don't turn their attention to trying to outlaw contraception at this point, Sande says, hurt the anti-abortion cause."

At pharmacy counters all over Wisconsin, countless women have been turned away by a pharmacist who personally opposes birth control, even though these women have valid prescriptions. Several of these incidents have been covered by the media, but many more have gone unreported.

Under existing law, pharmacists have an obligation to fill valid prescriptions, including birth control, regardless of the pharmacist's personal beliefs about the morality of the medication. It is part of the ethical standard of care that makes pharmacists' principle duty to provide patient-centered health care. Patient-centered care, and patient-directed care, is central to modern medical and pharmacological practice, yet astonishingly some pharmacists have begun to vocally disregard their patients' health to push an extreme, personal, ideological agenda against contraception.

I can think of no other profession that asserts a right to discriminate against one class of client – in this case, women – as a matter of personal privilege. The essence of professionalism, whether the professional is a doctor, a lawyer, a real estate broker, or a pharmacist, is that the client's needs are paramount, and the professional must put serve the client's interest rather than his own. This is particularly true when one considers that the professional has been granted a license, and in essence, a right to monopoly, by the state of Wisconsin.

This bill is a simple, effective, narrow bill that addresses a critical need for thousands of Wisconsin women. It must not be amended, gutted, or delayed.

Respectfully submitted,

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[2] "Now It's The Pill They're After, Right-to-life Movement Calls It Chemical Abortion," by Judy Davidoff. The Capital Times, August 1, 2005, Page 1A.

Testimony by Sen. Judy Robson
on
SB 232: The Birth Control Protection Act

Senate Committee on Health, Human Services, Insurance, and Job Creation

Wednesday, March 5, 2008

I want to thank Senator Erpenbach for holding a public hearing on SB 232, the Birth Control Protection Act.

This bill protects a women's ability to have prescriptions filled for legally prescribed birth control.

The bill protects a women's ability to have access to professional services from a licensed pharmacist. It ensures her of being able to have a prescription filled without harassment, embarrassment or harm.

Under this bill, a pharmacist cannot arbitrarily refuse to fill a prescription because of his or her personal beliefs if those beliefs override a physician's prescription and that physician's medical diagnosis.

As a registered nurse, I have a scope of practice in which I can legally practice.

The same is true for a pharmacist. When a pharmacist decides that a woman cannot have birth control medications, that pharmacist is practice medicine without a license and is practicing outside of his or her legal scope of practice.

Under this bill, a pharmacist can refuse to fill a prescription only if it is medically contradicted for the patient. In this case, the pharmacist will contact the physician with these concerns and to get clarification.

Why do we need this bill?

This legislation is necessary because these kinds of denial are happening in Wisconsin. We know that women in this state have found themselves in situations where pharmacists have refused to fill their prescriptions for birth control.

In rural areas where there might be only one pharmacist, this means a woman does not have access to necessary medical care.

Pharmacists are an important and vital part of the health care team. They use their professional education to provide care to patients, assess drug doses, interactions and education patients about the proper use of medications.

This bill does not change their scope of practice. However, it does underscore the principle of all health professionals that the patient's health needs must come before their personal beliefs.

The Centers for Disease Control have ranked access to affordable, effective birth control as one of the top 10 public health achievements of the 20th century. This legislation makes sure that women continue to have access to the benefits of birth control.

More than forty years ago, women in Connecticut were charged as criminals and sent to jail for providing contraceptives to married couples.

One of those women was Estelle Griswold, the Executive Director of the Planned Parenthood League of Connecticut.

She appealed her conviction to the U.S. Supreme Court and on June 7, 1965, the court overturned Griswold's conviction and struck down the law that prohibited married couples from using birth control and other people from assisting them. That decision marked the first constitutional protection for birth control.

It is ironic that today we in Wisconsin must still fight this fight for the right to access to birth control. But if we must we will continue to assert that women should have access to legal, safe birth control medications.

WISCONSIN CATHOLIC CONFERENCE

TESTIMONY REGARDING SB 232:
CONTRACEPTION MANDATE FOR PHARMACISTS
Presented by Barbara Sella, Associate Director
March 5, 2008

Thank you for the opportunity to testify before you today on this complicated issue.

The Wisconsin Catholic Conference opposes SB 232 for several reasons, having to do with how we define human life, abortion, and conscience rights. I will briefly state the objections and then explain what the Catholic Church teaches on conscience and contraception so that our position may be better understood.

Objections to SB 232

Our first objection to SB 232 is that it strikes out the phrase in s. 20.927(1g), "'unborn child' means a human being from the time of conception until it is born alive." In so doing, the bill imposes a legislative answer to the question of when life begins. But this definition ignores what science tells us, which is that the union of an egg and a sperm at conception marks the beginning of a new human life.

Second, eliminating the above phrase would redefine abortion in a way that would affect not just pharmacists, but other health care professionals as well. If abortion no longer includes the harm done to the pre-implanted fertilized egg, then all health care professionals and institutions would be forced by state statute to provide such abortifacients as the intrauterine device (IUD), whose only function is to prevent a newly conceived human life from implanting.

Third, in asserting that abortion never means the "use, administration, delivery, prescribing, or dispensing of any federal-food-and-drug-administration-approved contraceptive," the bill is too broad. We simply do not know what other contraceptives will be approved by the FDA in the future. Some of them could, in fact, interfere with implantation or directly destroy a newly conceived human life. Given the recent problems with FDA-approved medications, we should also all be cautious about the possible health risks to the woman of any new drugs.

Fourth, we have serious reservations about the bill's impact on the conscience rights of pharmacists. Indeed, SB 232 would seem to directly contradict Article I, Section 18 of our state Constitution, which explicitly affirms, "nor shall any control of, or interference with, the rights of conscience be permitted."

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Conscience in the Catholic Tradition

For Catholics, conscience is "the interior voice of a human being, within whose heart the inner law of God is inscribed. Moral conscience is a judgment of practical reason about the moral quality of a human action. It moves a person at the appropriate moment to *do good* and to *avoid evil*" (*Catechism of the Catholic Church*, #1777-1778, emphasis added).

Too often our society views conscience as merely that which stops individuals from doing evil. However, conscience, in its fullest sense, is that which calls us to something better, to be something more than what we are. Conscience is not minimalist, seeking the lowest common denominator. Conscience leads us to the higher, greater good. It is not a means of calculating, "What is the minimum I must do – or avoid doing – to be a moral person?" Rather, it is a voice that calls us to be as virtuous as we can be.

Contraception in the Catholic Tradition

In order to better understand why some retail pharmacists may not want to distribute artificial contraception, I want to say a word about the Catholic position on contraception.

In 2006, the United States Conference of Catholic Bishops (USCCB) issued a statement on sexuality and contraception entitled, "Married Love and the Gift of Life." In it, the bishops explained what distinguishes the Catholic view of sexuality from that of our secular culture.

> Our culture often presents sex as merely recreational, not as a deeply personal or even important encounter between spouses. In this view, being responsible about sex simply means limiting its consequences—avoiding disease and using contraceptives to prevent pregnancy. ...God's plan for married life and love is far richer and more fulfilling. Here sexuality is the source of a joy and pleasure that helps the spouses give themselves to each other completely and for their entire lives.

The Church views artificial contraception as objectively immoral because it introduces a "false note" in a marriage. Artificial contraception restricts the total self-giving of the spouses. Contraception may also cause one or both spouses to treat each other more like objects than as persons. In some cases, the failure of contraception may tempt couples to seek an abortion when an unwanted life is conceived.

The bishops' statement goes on to explain that couples may indeed control the number and spacing of births using Natural Family Planning, and it highlights some of the benefits of this approach, benefits that a growing number of non-believers are discovering.

The Church's objection to artificial contraception is not about trying to penalize or control individuals. It is about not trivializing the most creative power that we human beings possess. It is about protecting the human dignity of parents and their unborn children. It is about reminding society that women should not have to radically delay childbirth, artificially suppress their fertility, or ingest strong chemicals in order to get an education and participate in the workforce at every level.

Conclusion

As we regularly argue in our testimony on the rights of workers, prisoners, children, the sick, and the elderly, each human being possesses an inherent and inalienable dignity. Each human being is a moral agent, with an equal claim to live a dignified life and to act in accordance with his or her conscience. Any legislation that denies our humanity and coerces the conscience of even a few individuals should not be supported. Please oppose SB 232.

Thank you.